

Please type a plus sign (+) inside this box → [+]

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	AA-538C
	First Inventor	Hidekazu (NMN) TANAKA
	Assignee	The Procter & Gamble Company
	Title	Skin Care Compositions
	Express Mail Label No.	EL990715665US
APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents.		Box Patent Application ADDRESS TO: Assistant Commissioner for Patents Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		ACCOMPANYING APPLICATION PARTS 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 16. <input type="checkbox"/> Other:
2. <input checked="" type="checkbox"/> Specification Total Pages [23] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		
3. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets <input type="checkbox"/>		
4. Oath or Declaration Total pages [2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 complete)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).		
5. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR §1.76		
6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies		
17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>PCT/US01/02359/</u> Prior application information: Examiner: _____ Group/Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only : The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number (Insert Customer No. here) 27752		

Name (Print/Type)	Eileen L. Hughett	Registration No. (Attorney/Agent)	34,352
Signature	<i>Eileen L. Hughett</i>	Date	7/25/2003

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231

(Revised for P&G use 4/22/02)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision.	Complete if Known	
	Application Number	
	Confirmation Number	
	Filing Date	July 25, 2003
	First Named Inventor	Hidekazu (NMN) TANAKA
	Examiner Name	
	Group/Art Unit	
TOTAL AMOUNT OF PAYMENT (\$) 750.00	Attorney Docket No.	AA-538C

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																								
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17	3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1st month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>410</td><td>Extension for reply within 2nd month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>930</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,450</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>1,970</td><td>Extension for reply within 5th month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>320</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>320</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>280</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,300</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,300</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>470</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Petitions related to provisional applications (37 C.F.R. 1.17(q))</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>750</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>750</td><td>For each additional invention to be examined (37 CFR §1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>750</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1300</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table>	Code	(\$)	Fee Description	Fee Paid	1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>	1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>	1053	130	Non-English specification	<input type="checkbox"/>	1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>	1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>	1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>	1251	110	Extension for reply within 1 st month	<input type="checkbox"/>	1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>	1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>	1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>	1255	1,970	Extension for reply within 5 th month	<input type="checkbox"/>	1401	320	Notice of Appeal	<input type="checkbox"/>	1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>	1403	280	Request for oral hearing	<input type="checkbox"/>	1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>	1452	110	Petition to revive - unavoidable	<input type="checkbox"/>	1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>	1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>	1502	470	Design issue fee	<input type="checkbox"/>	1460	130	Petitions to the Commissioner	<input type="checkbox"/>	1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>	1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>	1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>	1810	750	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>	1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>	1802	900	Request for expedited examination of a design application	<input type="checkbox"/>	1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>	Other fee (specify) _____			<input type="checkbox"/>
Code	(\$)	Fee Description	Fee Paid																																																																																																																						
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>																																																																																																																						
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>																																																																																																																						
1053	130	Non-English specification	<input type="checkbox"/>																																																																																																																						
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>																																																																																																																						
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>																																																																																																																						
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>																																																																																																																						
1251	110	Extension for reply within 1 st month	<input type="checkbox"/>																																																																																																																						
1252	410	Extension for reply within 2 nd month	<input type="checkbox"/>																																																																																																																						
1253	930	Extension for reply within 3 rd month	<input type="checkbox"/>																																																																																																																						
1254	1,450	Extension for reply within 4 th month	<input type="checkbox"/>																																																																																																																						
1255	1,970	Extension for reply within 5 th month	<input type="checkbox"/>																																																																																																																						
1401	320	Notice of Appeal	<input type="checkbox"/>																																																																																																																						
1402	320	Filing a brief in support of an appeal	<input type="checkbox"/>																																																																																																																						
1403	280	Request for oral hearing	<input type="checkbox"/>																																																																																																																						
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>																																																																																																																						
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>																																																																																																																						
1453	1,300	Petition to revive - unintentional	<input type="checkbox"/>																																																																																																																						
1501	1,300	Utility issue fee (or reissue)	<input type="checkbox"/>																																																																																																																						
1502	470	Design issue fee	<input type="checkbox"/>																																																																																																																						
1460	130	Petitions to the Commissioner	<input type="checkbox"/>																																																																																																																						
1807	50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>																																																																																																																						
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>																																																																																																																						
1809	750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>																																																																																																																						
1810	750	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>																																																																																																																						
1801	750	Request for Continued Examination (RCE)	<input type="checkbox"/>																																																																																																																						
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>																																																																																																																						
1454	1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>																																																																																																																						
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																						
Other fee (specify) _____			<input type="checkbox"/>																																																																																																																						
FEE CALCULATION 1. BASIC FILING FEE – Large Entity <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001 750</td><td>Utility filing fee</td><td>[750.00]</td></tr> <tr><td>1002 330</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004 750</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005 160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)[750.00]</td></tr> </tbody> </table>	Code (\$)	Fee Description	Fee Paid	1001 750	Utility filing fee	[750.00]	1002 330	Design filing fee	<input type="checkbox"/>	1004 750	Reissue filing fee	<input type="checkbox"/>	1005 160	Provisional filing fee	<input type="checkbox"/>	SUBTOTAL (1)		(\$)[750.00]																																																																																																							
Code (\$)	Fee Description	Fee Paid																																																																																																																							
1001 750	Utility filing fee	[750.00]																																																																																																																							
1002 330	Design filing fee	<input type="checkbox"/>																																																																																																																							
1004 750	Reissue filing fee	<input type="checkbox"/>																																																																																																																							
1005 160	Provisional filing fee	<input type="checkbox"/>																																																																																																																							
SUBTOTAL (1)		(\$)[750.00]																																																																																																																							
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>[10] - 20** = [0] x</td><td><input type="checkbox"/></td><td>= <input type="checkbox"/></td></tr> <tr><td>Independent Claims</td><td>[1] - 3** = [0] x</td><td><input type="checkbox"/></td><td>= <input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/></td><td>= <input type="checkbox"/></td></tr> <tr><td colspan="4">** or number previously paid, if greater; For Reissues, see below</td></tr> <tr><td colspan="4"> <table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202 18</td><td>Claims in excess of 20</td></tr> <tr><td>1201 84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203 280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204 84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205 18</td><td>**Reissue claims in excess of 20 & over original patent</td></tr> </tbody> </table> </td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td>(\$)[]</td><td></td></tr> </tbody> </table>		Extra Claims	Fee from Below	Fee Paid	Total Claims	[10] - 20** = [0] x	<input type="checkbox"/>	= <input type="checkbox"/>	Independent Claims	[1] - 3** = [0] x	<input type="checkbox"/>	= <input type="checkbox"/>	Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>	** or number previously paid, if greater; For Reissues, see below				<table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202 18</td><td>Claims in excess of 20</td></tr> <tr><td>1201 84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203 280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204 84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205 18</td><td>**Reissue claims in excess of 20 & over original patent</td></tr> </tbody> </table>				Code (\$)	Fee Description	1202 18	Claims in excess of 20	1201 84	Independent claims in excess of 3	1203 280	Multiple dependent claim, if not paid	1204 84	**Reissue independent claims over original patent	1205 18	**Reissue claims in excess of 20 & over original patent	SUBTOTAL (2)		(\$)[]		* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$) []																																																																																
	Extra Claims	Fee from Below	Fee Paid																																																																																																																						
Total Claims	[10] - 20** = [0] x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Independent Claims	[1] - 3** = [0] x	<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>																																																																																																																						
** or number previously paid, if greater; For Reissues, see below																																																																																																																									
<table border="1"> <thead> <tr> <th>Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202 18</td><td>Claims in excess of 20</td></tr> <tr><td>1201 84</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203 280</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204 84</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205 18</td><td>**Reissue claims in excess of 20 & over original patent</td></tr> </tbody> </table>				Code (\$)	Fee Description	1202 18	Claims in excess of 20	1201 84	Independent claims in excess of 3	1203 280	Multiple dependent claim, if not paid	1204 84	**Reissue independent claims over original patent	1205 18	**Reissue claims in excess of 20 & over original patent																																																																																																										
Code (\$)	Fee Description																																																																																																																								
1202 18	Claims in excess of 20																																																																																																																								
1201 84	Independent claims in excess of 3																																																																																																																								
1203 280	Multiple dependent claim, if not paid																																																																																																																								
1204 84	**Reissue independent claims over original patent																																																																																																																								
1205 18	**Reissue claims in excess of 20 & over original patent																																																																																																																								
SUBTOTAL (2)		(\$)[]																																																																																																																							

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Eileen L. Hughett	Registration No.	34,352
Signature	<i>Eileen L. Hughett</i>	Telephone	(513) 626-2127
		Date	July 25, 2003

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

(Revised for P&G use 4/3/2003)